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REPORT OF RECEIPTS AND DISBURSEMENTS

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(Revised 02/2003)

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	xxxxxxxxx	
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION N	P.,O, BOX, 665,	S XX NEW	CA 9358: STATE AMENDED (A)	ZIP CODE STATE V DISTRICT
4. TYPE OF REPORT (C (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quart January 31 Year-I	Report (Q1) Report (Q2) erly Report (Q3) End Report (YE) (c) 30-Day	POST-Election Report for th	General (12G) Special (12S)	in the State of Special (30S)
5. Covering Period 10 '01 '2010 through 12 '31 '2010 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ROBERT F. KOVACH Signature of Treasurer Date 105 ' 2010 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				